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Net Assets

--- 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Open to Public Inspection

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning . 2012, and ending , 2012 January 1 December 31 C Name of organization B Check if applicable D Employer identification number Address change Responsibility and Integrity Now (RAIN) Fund 26-3111594 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 3530 Westown Parkway, #209 641-202-1960 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending West Des Moines, Iowa 50266 G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 25000 2 Program service revenue including government fees and contracts 2 0 3 3 0 Investment income 4 0 5a Gross amount from sale of assets other than inventory . . 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . c 5c 0 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Ç 7¢ 8 8 0 q **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 25000 10 Grants and similar amounts paid (list in Schedule O) . . 10 51000 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16

For Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 10 through 16 . . .

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Cat No 10642I

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Form 990-EZ (2012)

26001

-26001

33977

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Form 9	990-EZ (2012)					Page 2
Pa	t II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a				<u> </u>
00	Oceh coulons and investments		}-	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments			33977	23	7976
24	Other assets (describe in Schedule O)		` ` ` ` ` \		24	0
25	Total assets			33977		<u>0</u> 7976
26				33377	26	7370
27	Net assets or fund balances (line 27 of column		n line 21)	33977		7976
Par						
What	Check if the organization used Schedule is the organization's primary exempt purpose?	O to respond to a	ny question in this I	Part III	501(Expenses juired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise many ons benefited, and other relevant information for ea	nanner, describe the	f its three largest presented services provided	rogram services, , the number of	4947	nizations and section (a)(1) trusts; optional others)
20						
29	(Grants \$) If this amount				28a	
					ļ	
	(Granta \$) If this amount	includes foreign are	nto chook base		202	
30	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .		29a	
					ļ	
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	• 🗅	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	<u> </u>
	Total program service expenses (add lines 28a				32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					·
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	ee (e)	
		devoted to position	(if not paid, enter -0-)	deferred compensation		
Micha Office	el J. Reasoner	N/A	0		0	0
Onice		INVA	<u>u</u>		4-	0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ť
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 51000			
b	Did the organization file Form 1120-POL for this year?	37b		Ļ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		- ✓
_	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9	}		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		ľ
	section 4911 ▶; section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ N/A			
42a	***************************************	41-20	2-196	0
	Located at ► 3530 Westown Parkway, West Des Moines, IA ZIP + 4 ►	50	266	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			f
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	1420		
43	and enter the amount of tax-exempt interest received or accrued during the tax year		. ,	
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		1 700		ı ♥

Form 990)-F7 (2	2012)								p	age 4
- 01111 330	J - C-Z - (E								_	Yes	No
46	Did t	he organization engage, directly or in andidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities	on behalf	of or	in opposit	ion	46	Tes Y	20
Part \	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51 Check if the organization used Sc	s only s must answer que	estions 47-49b a	nd 52, an	d cor			46 les fo	or line	es □
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								Yes	No	
48	ls the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						. [47 48 49a			
b 50	If "Yo	es," was the related organization a se plete this table for the organization's loyees) who each received more than	ection 527 organizations five highest comper	on?	 (other thar	 n offic	 ers, direct	ors, t			
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contrib benefit	utions t	penefits, o employee and deferred sation			d amou pensat	
								-			
f	Total	number of other employees paid ov	er \$100 000								
51	Com	plete this table for the organization ,000 of compensation from the orga	s five highest compo	ensated independent	ent contra	ctors	who each	rece	eived	more	than
(a) N	lame a	and address of each independent contractor pa	id more than \$100,000	(b) Type of	service		(c)	Comp	ensatio	on	
							<u> </u>				
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	, ▶						
52	Did ti	ne organization complete Schedule A xempt charitable trusts must attach	A? Note : All section 5 a completed Schedul	01(c)(3) organization	· · ·		<u>.</u> !		Yes		No_
		of perjury, I declare that I have examined this r d complete Declaration of preparer (other than	officer) is based on all info				ge.	<u> </u>		belief,	ıt ıs
Sign Here		Signature of officer Michael J. Reasoner	asones			Date	-17-0	2013	<u> </u>		
		Type or print name and title			-						
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date		Check Self-employ	ıf	TIN		
Use O		Firm's name				Firm'	s EIN ▶				

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.

		that have NOT filed Form 5768 (election			
		s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	EZ, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations. Complete Part III.	 	l Employer ider	ntification number
	•			Employer idei	
	I-A Complete if th	e organization is exempt und	or coetion EO1/	a) or is a section FOT	26-3111594
					organization.
1 2		the organization's direct and indire	•		51000
3	Volunteer hours				
3	volunteer nours			• • • • • • •	0
Part	-B Complete if th	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectio	n 4955 ▶ \$	
2		excise tax incurred by organization			}
3		ed a section 4955 tax, did it file Fo			🗌 Yes 🔲 No
4a					Yes No
b	If "Yes," describe in Part				
	I-C Complete if th	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	tly expended by the filing organiz	ation for section	527 exempt function	
_					
2		filing organization's funds contribitions			
3		expenditures Add lines 1 and 2			
4		n file Form 1120-POL for this year			
5		ses and employer identification nur			
-		ents. For each organization listed,			
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	olitical organization, such
		I fund or a political action committe			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Marile	(b) Address	(0) 2.114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)				u u	
					
(2)					•
(3)	_				
(4)					
(5)					
(6)					

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Schedu	ule C (Form 990 or 990-EZ) 2012					Page 2
	II-A Complete if the organization section 501(h)).	-				
	heck ► ☐ if the filing organization be name, address, EIN, expe	nses, and sha	re of excess lob	bying expenditur	es).	up member's
ВС	heck ▶ ☐ if the filing organization ch			troi" provisions a		
	Limits on Lobl (The term "expenditures" m	eans amounts	paid or incurred	<u> </u>	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1	a legislative b				
d	Other exempt purpose expenditures .				-	
e f	Total exempt purpose expenditures (ad- Lobbying nontaxable amount. Enter columns.					
	If the amount on line 1e, column (a) or (b) is	nt is:				
	Not over \$500,000			,		
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.	-	,
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				•
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	over \$1,500,000.	'	
	Over \$17,000,000	\$1,000,000.				* * * * *
g	Grassroots nontaxable amount (enter 25	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or l	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-				
j	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, di	d the organization	file Form 4720	Yes No
	(Some organizations that ma	ade a section	Period Under Sec 501(h) election do actions for lines 2		plete all of the five age 4.)	•
	Lobbying	Expenditures	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))			,				
С	Total lobbying expenditures							
d	Grassroots nontaxable amount					-		
е	Grassroots ceiling amount (150% of line 2d, column (e))				,			
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Responsibility and Integrity Now RAIN Fund	26-3111594
Part I, Line 10 - \$51,000 in contributions to the lowa Democratci Party - Building Fund	
Part I, Line 16 - \$1 - Bank Charges	
	•••••••••••••••••
	•••••••••••
······································	•••••